

HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for June 2014 Meeting

Date: Thursday, June 19, 2014
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Co-chair
Nick Lyon
Rodney Davenport, CTO
Irita Matthews
Larry Wagenknecht, R.Ph.
Mark Notman, Ph.D.
Robert Milewski
Orest Sowirka, D.O. (Phone)

Commissioners Absent:

Michael Chrissos, M.D.
Michael Gardner
Jim Lee
Patricia Rinvelt
Thomas Lauzon, Co-chair

Staff:

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

Philip Vigés	Tina Scott	Teresa Fratto
Traci Wightman	Laura Rappleye	Angela Vanker
Cindy Swihart	Jeremey Glasstetter	Cynthia Green Edwards
Jackie Rosenblatt	Helen Hill	Linda Pung
Dara Barrera	Mike Ayers	Tairus Taylor
Anthony Russo	Carmen Redwine	Cindy Buege
George Bosujak	Mabel Leonard	Scott Larsen
Doug Copley		

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, June 19, 2014 at the Michigan Department of Community Health with 8 Commissioners present.

A. Welcome and Introductions

1. Co-Chair Dr. Forzley called the meeting to order at 1:06 p.m.
2. Co-Chair Dr. Forzley opened the floor to updates from commissioners.
 - a. Commissioner Wagenknecht noted that the Michigan Health Information Network (MiHIN) would be providing an important update later in the meeting regarding changes to the MiHIN Board.
 - b. Commissioner Lyon highlighted MDCH's progress with the implementation of the Healthy Michigan Plan with more than 300,000 new members added to date.
 - i. Co-Chair Dr. Forzley asked Commissioner Lyon about what the Michigan Department of Community Health's (MDCH) estimate is for the total number of new enrollees this year.
 - ii. Commissioner Lyon noted that MDCH anticipated approximately 322,000 individuals to enroll in the Healthy Michigan Plan in the first year.

B. Review and Approval of 5/15/2014 Meeting Minutes

1. Co-Chair Dr. Forzley presented the draft minutes from last month's meeting to the commission and asked the commissioners to review the minutes.
2. Co-Chair Dr. Forzley asked for a motion to approve the minutes from last month's meeting.
 - a. Commissioner Wagenknecht made a motion for the commission to approve the minutes, and Commissioner Lyon seconded that motion.
 - b. Co-Chair Dr. Forzley asked whether any commissioners had any objections to the motion. Seeing no objections, he confirmed that the minutes had been approved at 1:06 pm.

C. HIT/HIE Update

1. Co-Chair Dr. Forzley asked Ms. Meghan Vanderstelt to provide an update on notable Health Information Technology (HIT) events or occurrences in Michigan since the last meeting. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
2. Dashboard
 - a. Michigan Health Information Network (MiHIN)
 - i. Ms. Vanderstelt noted that MiHIN had recently held its Connecting Michigan for Health conference, which was well attended with at least 300 participants.
 - ii. Ms. Vanderstelt also reported that MiHIN had recently approved Michiana Health Information Network as a new Health Information Exchange (HIE) Qualified Organization (QO), which bring the total number of HIE QOs in MiHIN's network to 8.
 - b. MDCH Data Hub
 - i. Ms. Vanderstelt noted that the MDCH Data Hub Team had redesigned their portion of the dashboard for the HIT Commission to focus more on use case development.
 - ii. Ms. Vanderstelt also highlighted the ongoing progress for the Newborn Screening use case and mentioned that the MDCH Data Hub Team is looking for hospital test sites.
 - iii. Ms. Vanderstelt identified a number of projects on the Data Hub Dashboard that would play key roles in enabling HIE across Michigan including the Michigan Credential, Identity, and Access Management System (MICAM), Master Person Index (MPI), and Provider Index (PI).
 - c. EHR Incentive Program

- i. Ms. Vanderstelt noted that there has been an uptick in the number of Eligible Providers attesting to having adopted, implemented, or upgraded an EHR or having achieved Stage 1 Meaningful Use.
 - ii. Ms. Vanderstelt also mentioned that the numbers of hospitals attesting for Meaningful Use would not likely change in the short term because hospital reporting aligns with the fiscal year.
 - iii. Ms. Vanderstelt noted that MDCH is now accepting attestations for Stage 2 Meaningful Use but had not received any attestations to date.
 - d. Michigan Center for Effective Information Technology Adoption (MCEITA) – Ms. Vanderstelt highlighted MCEITA’s continued work with specialists across Michigan.
3. House Bill 5136/Public Act 129 of 2014
- a. Ms. Vanderstelt noted that House Bill 5136, a bill that requires MDCH to create and adopt a common consent form, was signed into law by Governor Snyder in May.
 - b. Ms. Vanderstelt stated that MDCH will create a workgroup in compliance with Public Act 129 in order to assist with the implementation of the common consent form.
4. FCC’s Rural Health Care Pilot Program
- a. Ms. Vanderstelt stated that the HIT Office had investigated the status of the Federal Communication Commission’s Rural Health Care Pilot Program after the HIT Commission inquired about it at the last meeting.
 - b. Ms. Vanderstelt also introduced Mr. Anthony Russo of the Michigan Public Health Institute (MPHI), who is the MPHI lead for the project. Mr. Russo presented on the history and current status of the project.
 - i. Mr. Russo clarified that MPHI is responsible for the invoicing phase of the project between the fiber vendors and the federal government and that MPHI was not involved in the project’s inception.
 - ii. Mr. Russo also explained that the Rural Health Care Pilot is a different program than the Merit fiber project: he noted that the Merit fiber project focuses on creating a national fiber network while the Rural Health Care Pilot was created to support “last mile” connections between the provider and the network.
 - iii. Mr. Russo outlined the history of the Rural Health Care Pilot program.
 - a. Mr. Russo noted that the original version of the program had the federal government covering 85% of the costs with either the state or other entities having to provide the additional 15%.
 - b. Mr. Russo explained that the 2008 recession constrained the ability of the State of Michigan and the other entities to commit to funding the other 15%, so the project was scaled back significantly to address the funding gap.
 - c. Mr. Russo then explained that the program did find some traction with the development with the “Thumb Rural Health Network.”
 - i. Mr. Russo mentioned that the network involved 9 radio towers and 78 health care sites.
 - ii. Mr. Russo also noted that future expansions of the project may be authorized through the health care connect fund.
 - iv. Commissioner Milewski inquired about what types of technology are involved in this project. Mr. Russo noted that Merit is working on

developing the network backbone while the Rural Health Care Pilot Program is focused on the “last mile” connection to the provider.

- v. Commissioner Wagenknecht asked about how the project incorporates citizens. Mr. Russo responded that the Merit project focuses on providing connectivity to schools and libraries while the pilot program concentrates on health care providers.
- vi. Commissioner Davenport noted that the Merit project was supported by stimulus funds and involved a partnership with private companies to construct connections in rural areas.
- vii. Co-Chair Dr. Forzley noted that private companies are also exploring other avenues for promoting connectivity in rural areas.
- viii. Commissioner Matthews inquired about administrative or logistical challenges that the pilot program might be facing with providers moving. Mr. Russo explained that the project had not lost any pilot sites except for one site at a prison.
- ix. Commissioner Dr. Notman asked about the method for choosing participants.
 - a. Mr. Russo stated that he was not certain of the process for choosing participants.
 - b. Mr. Russo did note that hospitals, associations, and local health departments are involved in the process.
- x. Co-Chair Dr. Forzley asked about the efforts to market the program. Mr. Russo noted MPH is not involved in marketing the program but vendors are attempting to market it.

5. MiHIN Update

- a. Commissioner Wagenknecht, the commission’s representative on the MiHIN board, emphasized the success of the Connecting Michigan conference.
- b. Commissioner Wagenknecht also explained that the bylaws and composition of the MiHIN board had been changed with new seats added for clinical practitioners.
- c. Commissioner Milewski applauded the MiHIN board for being responsive to changes in the HIE environment and the needs of the health care community.

D. MDCH HIT/HIE Roadmapping Priorities

- 1. Co-Chair Dr. Forzley noted that Ms. Vanderstelt and Ms. Tina Scott would be presenting on the efforts of MDCH to create a “roadmap” for statewide data sharing. The PowerPoint documents for this presentation will be made available on the website after the meeting.
- 2. Ms. Vanderstelt mentioned that this presentation was designed to provide an update on the discussion at the October HIT Commission meeting regarding the MDCH roadmap.
 - a. Commissioner Wagenknecht asked whether this “roadmap” would be submitted to the federal government or would serve as an internal document for MDCH.
 - b. Ms. Vanderstelt clarified that the document would serve multiple functions including supporting Advanced Planning Document activities with the Centers for Medicare and Medicaid Services and fulfilling Medicaid Information Technology Architecture (MITA) requirements.
 - c. Ms. Scott confirmed that the elements roadmap would be coordinated with the elements of the MITA documents.
 - d. Ms. Vanderstelt further noted that the elements of the roadmap could be leveraged in the Blueprint for Health project.

3. Ms. Vanderstelt introduced several MDCH initiatives including the Healthy Michigan Plan, MiHealth Link Demonstration, and Blueprint for Health Innovation and elaborated on how data sharing would be an integral part of each of these projects.
 - a. Ms. Vanderstelt explained that new enrollees in the Healthy Michigan Plan would be utilizing modernized Medicaid eligibility systems and also could potentially be able to submit an advanced directive to the Peace of Mind registry using HIE.
 - b. Ms. Vanderstelt noted the MiHealth Link demonstration would likely leverage some version of the common consent form that the HIT Commission had recommended to MDCH. Ms. Vanderstelt also mentioned that MDCH is investigating what use cases will be necessary in order to support data sharing within the demonstration and would be looking to the HIT Commission for recommendations.
 - c. Ms. Vanderstelt finally noted that the Blueprint for Health Innovation project would build upon several state initiatives and would likely leverage the IT infrastructure that is already developed or being deployed by the Department.
 - i. Commissioner Wagenknecht asked whether the Blueprint for Health Innovation project is housed within MDCH. Ms. Vanderstelt confirmed that MDCH is the lead agency for the project and that Elizabeth Hertel is the lead coordinator for it.
 - ii. Ms. Vanderstelt elaborated on the process for developing the model and submitting the proposal. She noted that Michigan was a design state and will now be applying for a testing grant.
 - iii. Commissioner Matthews asked whether there is a white paper for this demonstration.
 - a. Ms. Vanderstelt explained that MDCH had submitted an initial design proposal and now is developing a testing proposal.
 - b. Commissioner Lyon explained further that MDCH had received a design grant from the Centers for Medicare and Medicaid Services (CMS) and would be applying for a testing grant.
 - iv. Commissioner Matthews inquired about whether there would be a consumer engagement component for the project. Ms. Vanderstelt confirmed that CMS is expecting states to include a consumer engagement component.
 - v. Ms. Vanderstelt outlined the main elements of the model such as Patient-Centered Medical Homes, Accountable Systems of Care, Community Health Innovation Regions, payment reform, and health information and process improvement infrastructure. She noted that data sharing is crucial to each of these elements.
 - d. Ms. Vanderstelt outlined several key transformation themes between each of the initiatives, which are care coordination, consumer engagement and person-centered planning, and population health and data analytics.
 - e. Ms. Vanderstelt explained that MDCH aims to support the transformation of the health care system through enabling data exchange and building upon the current HIE infrastructure.
 - i. Ms. Vanderstelt described how elements such as the Michigan Identity, Credentialing, and Access Management system and MDCH's consumer engagement initiatives would be important to this effort.

- ii. Ms. Vanderstelt also noted how MDCH transformation goals would align with the goals of the Office of the National Coordinator for Health Information Technology and the Learning Health System initiative.
- 4. Ms. Vanderstelt proposed a process model for how MDCH would interact with the HIT Commission in order to promote transparency and stakeholder input with MDCH initiatives.
 - a. Ms. Vanderstelt noted that this model would build upon the process used during the consent form discussion.
 - b. Ms. Vanderstelt proposed that MDCH and HIT Commission have a bidirectional arrangement where MDCH could bring HIT-HIE issues to the HIT Commission and the HIT Commission could make recommendations to MDCH.
 - c. Ms. Vanderstelt also proposed that the HIT Commission should interact with other statewide partners and develop advisory workgroups of subject matter experts when necessary.
 - d. Co-Chair Dr. Forzley asked about the common consent form process and how MDCH would keep stakeholders engaged once the form is approved.
 - i. Ms. Vanderstelt noted that MDCH would empower a workgroup to meet on an ongoing basis to review the consent form on an annual basis.
 - ii. Ms. Vanderstelt also noted that an outreach and education campaign would be an important component of the consent form initiative.
 - iii. Co-Chair Dr. Forzley emphasized the need to keep consumers and providers involved in the process.
- 5. Ms. Scott presented next and highlighted how different components of the MDCH IT infrastructure would be important to supporting data sharing.
 - a. Ms. Scott stated that she would be providing details on the MITA roadmap, MDCH Data Hub, use cases, and MICAM.
 - b. Ms. Scott presented a map of the HIE infrastructure and noted how the MDCH Data Hub acts as the single point of entry to MiHIN for the state and serves as a conduit between the Data Warehouse and external systems .
 - c. Ms. Scott further explained that the Data Hub includes components that allow for the integration of data systems and movement of electronic messages.
 - d. Ms. Scott noted that MDCH is constructing infrastructure to support Meaningful Use requirements for providers involved in the EHR incentive programs.
 - i. Ms. Scott explained that the MU integration work began in 2012 and that messages involving public health reporting for immunizations, lab results, and syndromic information are currently in production.
 - ii. Ms. Scott mentioned that MDCH is now piloting bidirectional messaging and working on messages such as public health reporting for birth defects, cancer, and newborn screening.
 - iii. Ms. Scott noted that an impediment to the process is not having Qualified Organizations that are ready to partner with MDCH to conduct pilots.
 - e. Ms. Scott also highlighted the importance of MICAM, the Provider Index, and Master Person Index to achieving interoperability between systems.
 - f. Ms. Scott explained how the development of use cases is important for enabling data sharing.
 - i. Ms. Scott noted that she is a co-chair for the use case workgroup under MiHIN and that this group is currently working on a use case prioritization methodology.

- ii. Ms. Scott explained further that stakeholders have currently identified 130 potential use cases and are now working to prioritize work on each of these uses cases.
- g. Ms. Scott also explained how the CMS MITA Process works for funding under the Health Information Technology for Economic and Clinical Health Act.
 - i. Ms. Scott noted that CMS visited MDCH to discuss MDCH's current MITA plans as part of the funding process.
 - ii. Ms. Scott explained further that Michigan needs to produce a MITA roadmap with a 5 year timeline for technology development.
 - iii. Ms. Scott also noted that CMS provided MDCH with a list of potential use cases identified by the federal government.
 - iv. Ms. Scott mentioned that MDCH and MiHIN would be reviewing this list and exploring how it could be integrated into the MiHIN use case list.
 - v. Commissioner Milewski asked about how the messaging of radiology reports would fit into the use case prioritization process.
 - a. Ms. Scott noted that imaging is a stage 3 goal for Meaningful Use and would be pursued after MDCH successfully develops the use cases and infrastructure for Stage 1 and Stage 2.
 - b. Commissioner Milewski emphasized the value of entities being able share imaging reports.
 - vi. Commissioner Matthews inquired about why CMS provided a use case list to MDCH.
 - a. Ms. Scott replied that CMS is trying to encourage states to develop a roadmap for use cases.
 - b. Ms. Cynthia Green Edwards noted that CMS was pleasantly surprised by MDCH's progress and that MDCH is currently looking to expand these uses cases and architecture to other areas such as Long Term Care and Behavioral Health.
 - c. Commissioner Matthews asked about how MDCH and MiHIN plan to integrate the two lists.
 - d. Mr. Tim Pletcher noted that the CMS is missing some categories including care coordination and that CMS planned to follow up with MDCH to see how to integrate Michigan use cases into the CMS list.
 - e. Mr. Pletcher noted that the CMS use cases would more appropriately be labeled as business cases and that MDCH and MiHIN would be exploring how to crosswalk CMS business cases to the Michigan use cases.
 - vii. Commissioner Dr. Sowirka noted that the CMS list is missing a category for individuals with dementia or aging needs.
 - viii. Commissioner Wagenknecht inquired about what consumer engagement use cases MDCH and MiHIN would be pursuing first.
 - a. Ms. Scott noted that MDCH is currently developing the infrastructure to support consumer engagement through MICAM.
 - b. Commissioner Wagenknecht noted that one of the core HIT Commission responsibilities is exploring ways to encourage consumer engagement with HIE.
 - c. Ms. Edwards noted that health risk assessments will be an important initial component of MDCH consumer engagement

initiatives. Ms. Edwards noted that consumer engagement and data sharing would also be a crucial part of the MiHealth Link demonstration.

- ix. Commissioner Dr. Notman inquired about what the major barriers are for data sharing going forward?
 - a. Ms. Scott emphasized the need to continue to develop the supporting infrastructure and the value of having cooperation from other teams to achieve integration of systems.
 - b. Commissioner Dr. Notman asked for clarification from Ms. Scott regarding whether she needs cooperation from other QOs to achieve integration.
 - c. Ms. Scott replied that the state does need the assistance of QOs and that the state systems could be fully developed but need the support and functionality of linkages with QOs and EHR vendors in order to achieve interoperability and integration.
 - d. Ms. Vanderstelt noted that the need for cooperation from the QOs was one of the key takeaways from the Connecting Michigan conference.
- x. Co-Chair Dr. Forzley asked whether having a common terminology for data reporting is important to Meaning Use reporting.
 - a. Ms. Scott noted that providers using certified EHRs have standards in place for submitting data.
 - b. Mr. Pletcher noted that electronic Clinical Quality Measures functionality can help resolve these reporting issues.
 - c. Mr. Pletcher noted further that the challenge is achieving alignment for quality measures between providers and health plans.
 - d. Co-Chair Dr. Forzley noted that complexity of data reporting for providers and their parent organizations when registries become involved.
 - e. Mr. Pletcher replied that part of the challenge is updating provider directories to establish linkages between providers and their organizations.
 - f. Ms. Edwards noted that MDCH is not trying to increase the burden on providers and is trying to streamline reporting for chronic diseases.

E. Michigan Identity, Credentialing, and Access Management (MICAM)

- 1. Ms. Scott presented next on the MICAM system. The PowerPoint slides for this presentation will be made available on the website after the meeting.
 - a. Ms. Scott noted that MDCH and the State of Michigan government are developing the MICAM solution to improve the security of state systems and expanding access to state applications to citizens.
 - b. Ms. Scott explained further that the project would focus on developing infrastructure that allows MDCH to verify the identity of individuals and provide them access to state applications.
 - c. Ms. Scott noted that Phase 1 of the project started in February and would initially focus on the MyHealth Button, MI Health Portal, and Mi Page applications.
 - i. Ms. Scott explained that the MyHealth Button and MI Health Portal provide individuals with access to see their Medicaid benefits and services.

- ii. Ms. Scott noted that MICAM will allow individuals to register their information once and have access to multiple applications.
 - iii. Ms. Scott stated that the go live date for Phase 1 applications is October 30, 2014.
- d. Ms. Scott also mentioned that MICAM will allow the state to add identity proofing to the Single Sign On (SSO) process.
- e. Ms. Scott explained that Phase 2 will involve the migration of 20 systems from legacy SSO systems to MICAM.
 - i. Ms. Scott explained further that Phase 2 would also involve a partnership with MiHIN for developing a federated identity hub for trusted entities to be able to share credentials and allow individuals to use the same identity across multiple systems.
 - ii. Ms. Vanderstelt noted that this capability will be instrumental with enabling consumer engagement initiatives and supporting the activities of the MiWay Consumer Directory.
- f. Ms. Scott noted that MICAM could also support the efforts of the Michigan Care Improvement Registry to develop a portal for individuals to access their immunization history.
- g. Commissioner Wagenknecht inquired about how quickly this capability would be expanded to individuals who are not participating in the Medicaid program.
 - i. Ms. Edwards explained that the initial funding is from Medicaid and MDCH would initially be limited by funding to focusing on Medicaid applications. She also noted that this capability can be expanded to other applications after the initial infrastructure is built based upon cost allocation.
 - ii. Mr. Pletcher emphasized the value of having a federated identity to solving the patient portal problem for physicians and patients by allowing individuals to use the same identity across portals.
- h. Commissioner Dr. Sowirka noted that he was happy to see the focus on advanced directives.

F. Administrative Business and Public Comment

- 1. Ms. Vanderstelt noted that a number of commissioners may be unable to attend some of the summer meetings and that the commission could consider cancelling the July or August meetings.
 - a. Co-Chair Dr. Forzley asked about what topics would be covered at the summer meetings.
 - b. Ms. Vanderstelt noted that the commission could likely revisit the consumer engagement issue.
 - c. The commission decided to cancel the July meeting and opt for an update email.
- 2. Co-Chair Dr. Forzley opened the floor for public comment.
 - a. Mr. Doug Copley provided an update on the activities of the Michigan Cybersecurity Council.
 - b. Mr. Pletcher noted that Commissioner Lauzon was recently approved as a new member of the MiHIN Board.
 - c. Ms. Helen Hill noted that she is the incoming chair for the interoperability and standards committee of the Michigan chapter of the Healthcare Information Management Systems Society and that the committee is looking for providers to assist with the development of standards.

G. Adjourn – The meeting was adjourned at 2:58 p.m.